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CONFIRMATION NO. 4995

<b>SERIAL NUMBER</b> 10/031,161	<b>FILING OR 371(c) DATE</b> 05/20/2002 <b>RULE</b>	<b>CLASS</b> 601	<b>GROUP ART UNIT</b> 3771	<b>ATTORNEY DOCKET NO.</b> PAA-101-A
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/UA00/00022 07/13/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UKRAINE 99074081 07/15/1999

yes/QT

yes/QT

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: _____				

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**TITLE**

A DEVICE FOR REFLEXOTHERAPY

<b>FILING FEE RECEIVED</b> 650	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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